The Supporting Healthy Marriage Evaluation

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What is the Supporting Healthy Marriage (SHM) Evaluation?

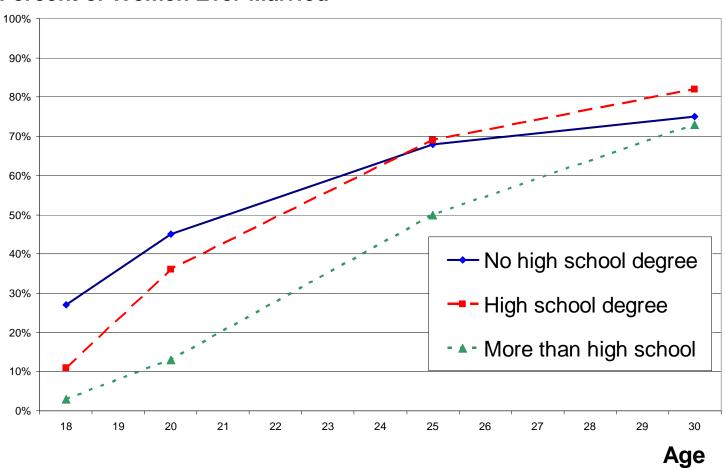
- National study in multiple sites around the country
 - Interventions aimed at healthy marriage among lowincome married couples
 - Created and funded by Administration for Children and Families
 - Conducted by MDRC, Abt Associates, Child Trends,
 Optimal Solutions Group, with many additional experts and consultants

SHM Population Facts

- 8 million married couples below 200% of poverty
- More likely to have pre-marital births and children with multiple partners than more affluent couples
- Disadvantaged married couples mostly Latino (35%) or white (47%), not African-American (10%)

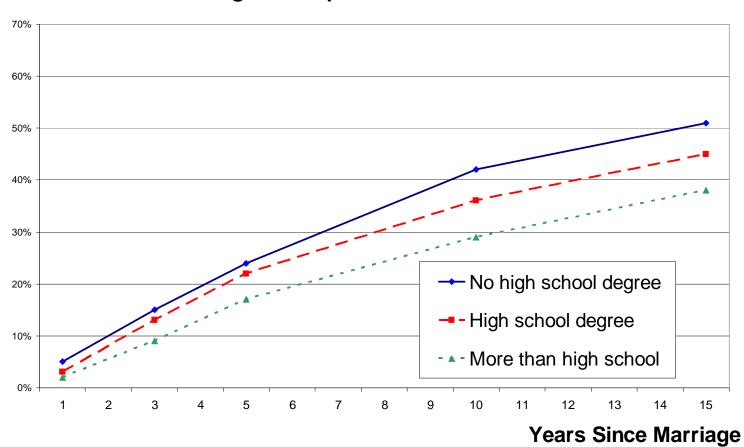
Economically Disadvantaged Persons Are Just as Likely To Marry (and Do So at Younger Ages)

Percent of Women Ever Married



But Marital Disruption Rates Are Higher for Disadvantaged Couples

Percent of First Marriages Disrupted



Implications of Existing Research

- Marriage is important to low-income couples
- But low-income married couples face more barriers to staying together
- To see long-term benefits, some changes in approach to marriage education needed for lowincome couples
 - Longer-term, more comprehensive interventions
 - New strategies for learning and engagement

Who will an SHM program serve?

- Married, adult couples with children
 - Both spouses must volunteer
- Low to moderate income families
- Families without serious family violence issues

What an SHM Program Will Look Like

- Services delivered over at least 12 months
- SHM Program Components:
 - Core Marriage Education Curriculum
 - Extended Marriage Education Activities
 - Family Support and Supplemental Services

Core Marriage Education Curriculum

- Multi-session: 30+ hours, 3-5 months
- Common set of topics:
 - understanding marriage
 - managing conflict
 - promoting positive connections
 - individual strengths and challenges
 - strengthening relationships beyond the couple
 - managing external circumstances
 - strengthening parenting

Adapting Curricula for Low-Income Married Couples

- Simplified language
- New approaches to teaching
 - More interactive
 - Few written exercises
 - In-class practice
 - Careful thought to "homework" assignments
- Cultural relevance, particularly for Latino couples

Extended Marriage Education Activities

- Designed to reinforce changes in couple behavior
 - continue to strengthen their relationships by reinforcing skills
 - offer help when issues arise over time
 - stay connected with social support of the program / group
- Examples of possible activities:
 - Booster sessions
 - Peer mentoring or coaching
 - One-on-one coaching
 - Group social events
 - Date nights
 - Family activities

Family Support and Supplemental Services

- Encourage and support program participation
- Reinforce couples' use of new relationship skills
- Identify individuals' or couples' needs, link with supplemental services, and follow up afterwards
 - mental health or other services for individual family members
 - employment-related services
 - parenting resources
 - sources of financial supports
- Encourage safe disclosure of domestic violence and provide linkages to appropriate services

Creating the Role of the Family Support Specialist

- How should family support specialists reinforce the curriculum?
- How intensive should the family support relationship be?
 - Family support coaches can serve as the linchpin connecting marriage education workshops with the rest of the program
 - But lower caseloads and more intensive support increase program costs

Research Design

Implementation Study and Impact Study

What Questions Will the SHM Project Answer?

- Can SHM programs improve marital quality, marital stability, parenting, and child well-being for lowincome couples?
- Who benefits the most or least?
- Why do some programs work better than others?
- What challenges do programs face and what are the lessons learned?

Implementation Study

Key Questions

- Operating environment?
- Delivery of the curriculum, other components across sites?
- Who was served? What strategies were used to recruit, engage, and retain couples?
- Challenges staff faced in implementing the program?

Data Sources

- Field visits observations, interviews, focus groups
- Program participation
- Surveys

Impact Study

Key Questions

- What were the effects on marital quality and stability? Outcomes for individual spouses (mental health)? Parenting? Child outcomes?
- What were the effects for different subgroups?

Data Sources

- Baseline Data
- Program Participation and Service Receipt
- Surveys

Random Assignment

- Random assignment of 1000 couples to program or control group in each site
 - 2 groups begin the study with similar characteristics
 - Program participation is main difference between groups
- Differences that later emerge can be reliably attributed to SHM services

For more information

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www.mdrc.org

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Why Random Assignment is Important:

Marital Satisfaction in Three Marriage Education Programs

Program	Program Group	
Site #1	65%	
Site #2	45%	
Site #3	30%	

Why Random Assignment is Important:

Marital Satisfaction in Three Marriage Education Programs

Program	Program Group	Control Group	Effect
Site #1	65%	65%	0
Site #2	45%	40%	5%
Site #3	30%	20%	10%

Stages of the SHM Evaluation

- Site Development & Program Design (Year 2004 2007)
- Technical Assistance & Program Development (2005 -2010)
- Random Assignment, including 6-month pilot (2007 -2009)
- Implementation Research (Begins 2007)
- Follow-up Surveys (at 12, 36, & 60 months)
- Findings and Dissemination (2007 2012)

What are the Benefits of Sites Participating in SHM?

- Customized technical assistance to ensure that programs are well-implemented.
- Cost-free, high quality program evaluation of program effects.
- National recognition for your innovative program.
- Opportunities to interact with other programs doing similar work

What must SHM service providers do?

- Design and implement a program consistent with SHM Guidelines
- Participate in the SHM study, including using random assignment
- Provide support for initial program planning.
- Recruit at least 1000 couples over 1 to 2 years, and serve about 500 couples in the SHM program
- Establish links with other social services and agencies